Exhibit 4



Claim to Rel	lief from Danish D	ividend Tax						
	In my capacity as	beneficial owner	n ber	nalf of the beneficial owner				
	Claim is made for refund of Danish dividend tax, in total DKK: Full name Full address							
Beneficial Owner								
	E-mail							
				Signature Beneficial owner/applicant				
	If the claim is made on behalf of the beneficial owner the applicant's power of attorney shall be enclosed							
	As documentation is enclosed dividend advice(s), number:							
	(This documentation is obligatory)							
	Financial institution	The amount is requested to be paid to: Name and address						
Reg. no		Account no						
SWIFT		BLZ		IBAN				
Certification		T. 1 1	. 1.1 1	1 ,				
of the compe-		It is hereby certified that the beneficial owner is covered by the Double Taxation Convention concluded between Denmark and						
			Date	Official stamp and signature				
	When signed to be forwarded to:		Skattecenter Høje-Taastrup Postboks 60 DK-2630 Taastrup					

2010.07 (gl.nr: U 20x)

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